



## PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with application fee, to:

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Washington, D.C. 20231

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022249  
LYON & LYON LLP  
SUITE 4700  
633 WEST FIFTH STREET  
LOS ANGELES CA 90071-2066

MMC1/0410

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## Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

ALMA VASQUEZ

(Depositor's name)

Alma Vasquez

(Signature)

5/22/01

(Date)

| APPLICATION NO.                     | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED   |
|-------------------------------------|-------------|--------------|-----------------------------|---------------|
| 09/553.781                          | 04/21/00    | 006          | ALAVI. A                    | 2875 04/10/01 |
| First Named Applicant: NAGHI, DAVID |             |              |                             |               |

# TITLE OF INVENTION: APPARATUS FOR ILLUMINATING A PORTABLE ELECTRONIC OR COMPUTING DEVICE THROUGH A PLUG-IN CONNECTION TO A UTILITY POWER JACK

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 12-2475. A duplicate copy of this sheet is enclosed.

| APP'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEE DUE  | DATE DUE |
|------------------|----------------|-----------|-------------|--------------|----------|----------|
| 252/047          | 362-186.000    | E84       | UTILITY     | YES          | \$620.00 | 07/10/01 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 LYON &amp; LYON LLP

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type). PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

TECHNOLOGY CREATIONS, INC. and DESIGN RITE, LLC  
(B) RESIDENCE: (CITY & STATE OR COUNTRY)  
LOS ANGELES, CALIFORNIA and FONTANA, CALIFORNIA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

- ☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks): CHECK NO. 14014

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the issue fee to the application identified above.

(Authorized Signature)

(Date)

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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